PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032

U.S. Patent and Tradems Chice; U.S. Debarts of information unless it itembrary and its OMB center and unless the information unless it itembrary and its U.S. Patent and Tradems of information unless it itembrary a uniformation unless its unifo

| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | Application or Docket Number 10/690,880 | | | ing Date 22/2003 | To be Mailed | |
|---|--|---|--|---|------------------|--------|--|------------------------|----------|-----------------------|------------------------|--|
| APPLICATION AS FILED – PART I (Column 1) (Column 2) | | | | | | | SMALL ENTITY | | | | HER THAN | |
| Н | FOR | | NUMBER FILED | | NUMBER EXTRA | | RATE (\$) | FEE (\$) | OR | RATE (\$) | FEE (\$) | |
| | BASIC FEE | _ | N/A | ED NO | N/A | | N/A | TEE (a) | l | N/A | TEE (8) | |
| ┢ | (37 CFR 1.16(a), (b), s SEARCH FEE | or (c)) | N/A | | A1/A | | | | ł | | | |
| H | (37 CFR 1.16(k), (i), (ii) | | N/A | _ | N/A | | N/A | | l | N/A | | |
| TO | (37 CFR 1.16(o), (p), (| | N/A | | N/A | | N/A | | | N/A | | |
| (37 | CFR 1.16(i)) EPENDENT CLAIM | s | minus 20 = * minus 3 = * | | | ł | x \$ = | | OR | x s = | | |
| | CFR 1.16(h)) | | | | | x \$ = | | ı | x \$ = | | | |
| | APPLICATION SIZE (37 CFR 1.16(s)) | FEE shee is \$2 addit | If the specification and drawings sheets of paper, the application s is \$250 (\$125 for small entity) for additional 50 sheets or fraction th 35 U.S.C. 41(a)(1)(G) and 37 CF | | | | | | | | | |
| | MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) | | | | | | | | 1 | | | |
| * If | * If the difference in column 1 is less than zero, enter "0" in column 2. | | | | | | | | 1 | TOTAL | | |
| | APPI | DED - PART II | | OTHER THAN SMALL ENTITY OR SMALL ENTITY | | | | | | | | |
| AMENDMENT | (Column 1 | | | HIGHEST | | | SWALL LIVIII | | <u> </u> | T | LEE ENTITE | |
| | 08/30/2010 | REMAINING AFTER AMENDMENT | | NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | |
| | Total (37 CFR 1.18(i)) | * 20 | Minus | + 103 | = 0 |] | X \$26 = | 0 | OR | x s = | | |
| | Independent (37 CFR 1.16(h)) | • 2 | Minus | ···10 | = 0 | 1 | X \$110 = | 0 | OR | x s = | | |
| ΜĒ | Application Size Fee (37 CFR 1.16(a)) | | | | | | | | | | | |
| Ĺ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | OR | | | |
| | | | | | | | TOTAL ADD'L FEE | 0 | OR | TOTAL ADD'L FEE | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | |
| L | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | |
| Z. | Total (37 CFR 1,16()) | | Minus | | = | 1 | x \$ = | | OR | x \$ = | | |
| AMENDMENT | Independent (37 CFR 1,16(h)) | * | Minus | *** | = |] | x \$ = | | OR | x s = | | |
| Ш | Application Size Fee (37 CFR 1.16(s)) | | | | |] | | |] | | | |
| ΑM | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | 1 | | | OR | | | |
| | | | | | | | | | OR | TOTAL ADD'L FEE | | |
| ** | If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For "N THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For "(Total or independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | |

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a bearful by the public which his lost line fails and the processes) an implication. Confidentiality is ownered by 80 Sec. 22 and 37 CER 1.16. This collection in extensive this line 22 vanishes to comprise to accepted a policitation form to the USPTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for motioning this burdon, should be sent to the CERT information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450.